

**APPLICATION FOR TRAINING ACCELERATION GRANT**

State Form 52728 (7-06)

INDIANA WORKFORCE DEVELOPMENT

**APPLICATION FOR Training Acceleration Grant****GENERAL INFORMATION**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Fein: \_\_\_\_\_ NAICS: \_\_\_\_\_

**Employment Information**

Current Employment Level   Employment Level 12 months ago

Has your company experienced any non-seasonal layoffs in the past 12 months? Briefly explain the layoffs.

**Average Hourly Wages**

Professional Managerial \_\_\_\_\_ (\$ per hour) Sem-skilled/Production/Administration \_\_\_\_\_ (\$ per hour)  
Skilled Trades \_\_\_\_\_ (\$ per hour) Total Annual Payroll for Business Location \_\_\_\_\_

**Contact Information**

Primary Contact Name: \_\_\_\_\_ Secondary Contact Name: \_\_\_\_\_  
Primary Contact Title: \_\_\_\_\_ Secondary Contact Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Project Description**

Start Date   End Date

**TAG Core Objectives**

Select the TAG fund core objective that you are addressing. Please explain the objective(s) that you selected.

- ☐ Increasing personal income for Hoosier workers. (Wage increases given upon completion of training) \_\_\_\_\_
- ☐ Fostering job retention and expansion. \_\_\_\_\_
- ☐ Promoting small business \_\_\_\_\_
- ☐ Skill gap training \_\_\_\_\_

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**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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**Project Metrics**

Total Number of People to be trained

Total Number of credentials to be issued

**Currently Used Services**

Do you currently use services offered by IWD or Work One?

☐ YES

☐ NO

If yes, please check all that apply.

☐ WorkKeys Profiles/Assessments

☐ WorkOne Job Orders

☐ WorkOne Job Fairs

☐ DWD Training Grants

☐ WorkOne Employer Seminars

☐ Surveys (OES, CES)

☐ Other

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<u>Type</u>	<u>How Many</u>	<u>Title of Training</u>
<input type="checkbox"/> Apprenticeships	<hr/>	<hr/>
	<hr/>	<hr/>
<input type="checkbox"/> Journey Level Upgrade	<hr/>	<hr/>
	<hr/>	<hr/>
<input type="checkbox"/> Associate Degrees	<hr/>	<hr/>
	<hr/>	<hr/>
<input type="checkbox"/> Other Degrees	<hr/>	<hr/>
	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**Consortium Agreement**

Is your organization applying on behalf of a consortium of three (3) or more companies?

☐ YES

☐ NO

If yes, please attach Consortium List and Consortium Summary

PROJECT DESCRIPTION

Applicant Name: \_\_\_\_\_

1. Please provide a brief description about the company and products/services performed.

2. How do you expect business to improve as a result of this training? Please include specific measures to determine success and improvement (i.e. decrease waste by 7%, expand sales by 13%, decrease defects by 70 ppm, etc.).

3. How will the completion of the training specifically benefit the employees (i.e. wage increases, promotion/increased responsibility, etc.)?

4. Please provide general information and qualifications of the training provider(s).

5. If using a non-Indiana based training provider, please provide justification stating why the out-of-state training provider was selected.

6. If request is in excess of \$200,000, please provide justification as to why the excess funds are needed.

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APPLICATION FOR Training Acceleration Grant (TAG) - continued

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INSTRUCTIONS: All information will fill in automatically as each budget narrative is completed.

CONSORTIUM LIST

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAICS: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAICS: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAICS: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Company Name: \_\_\_\_\_ NAICS: \_\_\_\_\_ FEIN: \_\_\_\_\_

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Company Name: \_\_\_\_\_ NAICS: \_\_\_\_\_ FEIN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

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## CONSORTIUM SUMMARY

**Applicant Name:** \_\_\_\_\_

[illegible]

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**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

Attach curriculum and quote on training provider's letterhead. Be sure to include the number of students, units of training and associated cost(s). Record the information from the quote in the spaces provided below.

<b>Book Costs:</b> _____	(1)	<b>Cost per Unit/Credit:</b> _____	
<b>Lab Fees:</b> _____	(2)	<b>Number of Credit/Unit per student:</b> _____	
<b>Tuition:</b> _____	(3)	<b>Number of Students:</b> _____	
<b>Consultant/Contract Services:</b> _____	(4)	<b>Total Cost:</b> _____	

In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budgets in the narratives will be compiled to create the Budget Summary.

**Proposed Training Budget**

	Requested	Match	Total
<b>Administration</b>	_____	_____	\$ -
<b>Book Costs</b>	_____ (1)	_____	\$ -
<b>Lab Fees</b>	_____ (2)	_____	\$ -
<b>Tuition</b>	_____ (3)	_____	\$ -
<b>Consultant/Contract Services</b>	_____ (4)	_____	\$ -
<b>Salaries</b>	_____	_____	\$ -
<b>Fringe Benefits</b>		_____	\$ -
<b>Travel</b>		_____	\$ -
<b>Equipment</b>		_____	\$ -
<b>Training Supplies</b>		_____	\$ -
<b>Other</b>		_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

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**Proposed Training Budget**

	<b>Requested</b>	<b>Match</b>	<b>Total</b>
<b>Administration</b>	_____	_____	\$ -
<b>Book Costs</b>	_____ (1)	_____	\$ -
<b>Lab Fees</b>	_____ (2)	_____	\$ -
<b>Tuition</b>	_____ (3)	_____	\$ -
<b>Consultant/Contract Services</b>	_____ (4)	_____	\$ -
<b>Salaries</b>	_____	_____	\$ -
<b>Fringe Benefits</b>		_____	\$ -
<b>Travel</b>		_____	\$ -
<b>Equipment</b>		_____	\$ -
<b>Training Supplies</b>		_____	\$ -
<b>Other</b>		_____	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -

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**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

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<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total \$</b>	\$ -	\$ -	\$ -



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<b>Salaries</b>	_____	_____	\$ _____ -
<b>Fringe Benefits</b>	_____	_____	\$ _____ -
<b>Travel</b>	_____	_____	\$ _____ -
<b>Equipment</b>	_____	_____	\$ _____ -
<b>Training Supplies</b>	_____	_____	\$ _____ -
<b>Other</b>	_____	_____	\$ _____ -
<b>Total</b>	\$ _____ -	\$ _____ -	\$ _____ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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<b>Salaries</b>	_____	_____	\$ -
<b>Fringe Benefits</b>	_____	_____	\$ -
<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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**BUDGET NARRATIVE**

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<b>Book Costs</b>	_____ (1)	_____	\$ -
<b>Lab Fees</b>	_____ (2)	_____	\$ -
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<b>Consultant/Contract Services</b>	_____ (4)	_____	\$ -
<b>Salaries</b>	_____	_____	\$ -
<b>Fringe Benefits</b>	_____	_____	\$ -
<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

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<b>Administration</b>	_____	_____	\$ -
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<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

**Training Provider Name:** \_\_\_\_\_

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<b>Administration</b>	_____	_____	\$ _____ -
<b>Book Costs</b>	_____ (1)	_____	\$ _____ -
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<b>Travel</b>	_____	_____	\$ _____ -
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<b>Training Supplies</b>	_____	_____	\$ _____ -
<b>Other</b>	_____	_____	\$ _____ -
<b>Total</b>	\$ _____ -	\$ _____ -	\$ _____ -

**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

*INSTRUCTIONS: When applying for a consortium, please include Consortium Participant name with applicant company name. Complete separate narratives for each credential and/or training provider.*

**BUDGET NARRATIVE**

**Applicant Name:** \_\_\_\_\_

**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

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<b>Administration</b>	_____	_____	\$ -
<b>Book Costs</b>	_____ (1)	_____	\$ -
<b>Lab Fees</b>	_____ (2)	_____	\$ -
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<b>Fringe Benefits</b>	_____	_____	\$ -
<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

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**BUDGET NARRATIVE**

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**Credential Name:** \_\_\_\_\_ **Title of Training:** \_\_\_\_\_

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In the "Proposed Training Budget" provided below, record the cost(s) associated with this training. These costs will include funds being requested for the grant and the match amount which will be contributed by the company. All Proposed Training Budgets in the narratives will be compiled to create the Budget Summary.

**Proposed Training Budget**

	<b>Requested</b>	<b>Match</b>	<b>Total</b>
<b>Administration</b>	_____	_____	\$ -
<b>Book Costs</b>	_____ (1)	_____	\$ -
<b>Lab Fees</b>	_____ (2)	_____	\$ -
<b>Tuition</b>	_____ (3)	_____	\$ -
<b>Consultant/Contract Services</b>	_____ (4)	_____	\$ -
<b>Salaries</b>	_____	_____	\$ -
<b>Fringe Benefits</b>	_____	_____	\$ -
<b>Travel</b>	_____	_____	\$ -
<b>Equipment</b>	_____	_____	\$ -
<b>Training Supplies</b>	_____	_____	\$ -
<b>Other</b>	_____	_____	\$ -
<b>Total</b>	\$ -	\$ -	\$ -

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**APPLICATION FOR Training Acceleration Grant (TAG) - continued**

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*INSTRUCTIONS: All information will fill in automatically as each budget narrative is completed.*

**BUDGET SUMMARY**

**Applicant Name:** \_\_\_\_\_

Total Number to be trained: \_\_\_\_\_

Total Credentials to be issued: \_\_\_\_\_

Average cost per student: \_\_\_\_\_

	Requested	Match	Total
Administration	\$ -	\$ -	\$ -
Book Costs	\$ -	\$ -	\$ -
Lab Fees	\$ -	\$ -	\$ -
Tuition	\$ -	\$ -	\$ -
Consultant/Contract Services	\$ -	\$ -	\$ -
Salaries		\$ -	\$ -
Fringe Benefits		\$ -	\$ -
Travel		\$ -	\$ -
Equipment		\$ -	\$ -
Training Supplies		\$ -	\$ -
Other		\$ -	\$ -
Total	\$ -	\$ -	\$ -